

Assurance

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	Thank you for using Return Receipt Service.
	3. Article Addressed to: <u>3:07cv544 Complaints 2604</u> <u>Daniel A. MacDonald</u> <u>Registered Agent</u> <u>Admiral Insurance Company</u> <u>1255 Caldwell Road</u> <u>Cherry Hill, New Jersey 08034</u>		
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		
	7. Date of Delivery		
5. Received By: (Print Name) <u>Michael Herishko</u>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <u>Michael Herishko</u>		7a. Article Number <u>7005 1160 0004 9460 8876</u>	

PS Form 3811, December 1994

Domestic Return Receipt